

Foster Family Home - Corrective Action Report

Provider ID: 1-616138

Home Name: Leonora Gozon-Tagalog, CNA

Review ID: 1-616138-8

94-110 Leowaena Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 9/3/2019

Foster Family Home

Required Certificate

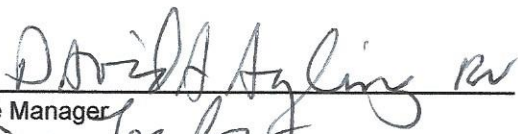
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 9/3/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver

9/3/19
Date

9/3/19
Date